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6 **IN THE UNITED STATES DISTRICT COURT**  
7 **FOR THE DISTRICT OF ARIZONA**  
8

9 Thomas W. Doran,

10 Plaintiff,

11 v.

12 Carolyn W. Colvin,

13 Defendant.  
14

No. CV-16-00334-PHX-JAT

**ORDER**

15 Pending before the Court is Plaintiff Thomas W. Doran's appeal from the Social  
16 Security Commissioner's (the "Commissioner's") partial denial of his application for  
17 disability insurance benefits and supplemental security income under the Social Security  
18 Act. Plaintiff argues that the administrative law judge ("ALJ") erred by: (1) finding  
19 Plaintiff's impairments do not meet Listing 1.04(A)'s criteria; (2) failing to allow a  
20 medical expert to testify during the administrative hearing; and (3) finding Plaintiff's  
21 testimony to be non-credible. The Court now rules on Plaintiff's appeal.

22 **I. BACKGROUND**

23 **A. Procedural Background**

24 Plaintiff filed for disability insurance benefits on October 31, 2006, alleging  
25 disability as of January 25, 2006. He also filed a concurrent application for Supplemental  
26 Security Income ("SSI") under Title XVI of the Social Security Act. In September 2011,  
27 an ALJ determined that Plaintiff was disabled as of December 2, 2009. The Appeals  
28 Council affirmed the ALJ's finding but remanded for reconsideration of certain evidence

1 relating to the time before December 2, 2009. Notably, Plaintiff sought a determination  
 2 that he was disabled before December 31, 2008, the date on which he was last insured for  
 3 disability benefits.<sup>1</sup> On remand, however, the ALJ determined that Plaintiff was not  
 4 disabled before December 2, 2009. At issue here is whether substantial evidence supports  
 5 the Commissioner's decision that Plaintiff was not disabled before December 2, 2009.

### 6 **B. Plaintiff's Background**

7 Plaintiff was born on December 3, 1954. He has a high-school equivalent  
 8 education ("GED") and two years of college. (Tr. 31–32).<sup>2</sup> Plaintiff served in the military  
 9 from 1974 to 1981 (Tr. 238, 585). His subsequent employment included administrative,  
 10 banking, and service work. (Tr. 31–32, 126–27, 148–49, 238, 260). The vocational expert  
 11 classified Plaintiff's past relevant work as skilled and semi-skilled, ranging from  
 12 sedentary to a medium exertional level. (Tr. 44–46).

### 13 **C. Medical Background**

14 Plaintiff claims that he suffers from an extensive list of impairments, including  
 15 "degenerative disc disease of the cervical and lumbar spine, seizure disorder,  
 16 posttraumatic stress disorder (PTSD), depression, and anxiety disorder with panic  
 17 attacks." (Doc. 13 at 3). Plaintiff received extensive treatment for both his physical and  
 18 mental impairments, which this Court summarized in its earlier Order. *See Doran v.*  
 19 *Astrue*, No. CV-10-8155-PCT-LOA, 2011 WL 4032320, at \*2–12 (D. Ariz.  
 20 Sept. 12, 2011).

## 21 **II. LEGAL STANDARD**

22 The ALJ's decision to deny benefits will be overturned "only if it is not supported  
 23 by substantial evidence or is based on legal error." *Magallanes v. Bowen*,

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 26 <sup>1</sup> A disability insurance benefits claimant must establish disability prior to  
 27 expiration of the claimant's insured status. *Lester v. Chater*, 81 F.3d 821, 825  
 (9th Cir. 1996).

28 <sup>2</sup> Citations to "Tr." are to the certified administrative transcript of record.  
 (Doc. 10).

1 881 F.2d 747, 750 (9th Cir. 1989) (quotation omitted). “Substantial evidence” means  
2 more than a mere scintilla, but less than a preponderance. *Reddick v. Chater*,  
3 157 F.3d 715, 720 (9th Cir. 1998).

4 “The inquiry here is whether the record, read as a whole, yields such evidence as  
5 would allow a reasonable mind to accept the conclusions reached by the ALJ.” *Gallant v.*  
6 *Heckler*, 753 F.2d 1450, 1453 (9th Cir. 1984) (citation omitted). In determining whether  
7 there is substantial evidence to support a decision, the Court considers the record as a  
8 whole, weighing both the evidence that supports the ALJ’s conclusions and the evidence  
9 that detracts from the ALJ’s conclusions. *Reddick*, 157 F.3d at 720. “Where evidence is  
10 susceptible of more than one rational interpretation, it is the ALJ’s conclusion which  
11 must be upheld; and in reaching his findings, the ALJ is entitled to draw inferences  
12 logically flowing from the evidence.” *Gallant*, 753 F.2d at 1453 (citations omitted); *see*  
13 *Batson v. Comm’r of the Soc. Sec. Admin.*, 359 F.3d 1190, 1193 (9th Cir. 2004). This is  
14 because “[t]he trier of fact and not the reviewing court must resolve conflicts in the  
15 evidence, and if the evidence can support either outcome, the court may not substitute its  
16 judgment for that of the ALJ.” *Matney v. Sullivan*, 981 F.2d 1016, 1019 (9th Cir. 1992);  
17 *see also Young v. Sullivan*, 911 F.2d 180, 184 (9th Cir. 1990).

18 The ALJ is responsible for resolving conflicts in medical testimony, determining  
19 credibility, and resolving ambiguities. *See Andrews v. Shalala*, 53 F.3d 1035, 1039  
20 (9th Cir. 1995). Thus, if on the whole record before the Court, substantial evidence  
21 supports the Commissioner’s decision, the Court must affirm it. *See Hammock v. Bowen*,  
22 879 F.2d 498, 501 (9th Cir. 1989); *see also* 42 U.S.C. § 405(g) (2012). On the other hand,  
23 the Court “may not affirm simply by isolating a specific quantum of supporting  
24 evidence.” *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007) (quotation omitted).

25 Notably, the Court is not charged with reviewing the evidence and making its own  
26 judgment as to whether Plaintiff is or is not disabled. Rather, the Court’s inquiry is  
27 constrained to the reasons asserted by the ALJ and the evidence relied upon in support of  
28 those reasons. *See Connett v. Barnhart*, 340 F.3d 871, 874 (9th Cir. 2003).

1           **A.     Definition of Disability**

2           To qualify for disability benefits under the Social Security Act, a claimant must  
 3 show that, among other things, he is “under a disability.” 42 U.S.C. § 423(a)(1)(E)  
 4 (2012). The Social Security Act defines “disability” as the “inability to engage in any  
 5 substantial gainful activity by reason of any medically determinable physical or mental  
 6 impairment which can be expected to result in death or which has lasted or can be  
 7 expected to last for a continuous period of not less than 12 months.” *Id.* § 423(d)(1)(A).

8 A person is:

9                     under a disability only if his physical or mental impairment or  
 10                    impairments are of such severity that he is not only unable to  
 11                    do his previous work but cannot, considering his age,  
 12                    education, and work experience, engage in any other kind of  
 13                    substantial gainful work which exists in the national  
 14                    economy.

15 *Id.* § 423(d)(2)(A).

16           **B.     Five-Step Evaluation Process**

17           The Social Security regulations set forth a five-step sequential process for  
 18 evaluating disability claims. 20 C.F.R. § 404.1520(a)(4) (2016); *see also Reddick*,  
 19 157 F.3d at 721. A finding of “not disabled” at any step in the sequential process will end  
 20 the inquiry. 20 C.F.R. § 404.1520(a)(4). The claimant bears the burden of proof at the  
 21 first four steps, but the burden shifts to the Commissioner at the final step. *Reddick*,  
 22 157 F.3d at 721. The five steps are as follows:

23           1. First, the ALJ determines whether the claimant is “doing substantial gainful  
 24 activity.” 20 C.F.R. § 404.1520(a)(4)(i). If so, the claimant is not disabled.

25           2. If the claimant is not gainfully employed, the ALJ next determines whether the  
 26 claimant has a “severe medically determinable physical or mental impairment.”  
 27 *Id.* § 404.1520(a)(4)(ii). To be considered severe, the impairment must “significantly  
 28 limit[] [the claimant’s] physical or mental ability to do basic work activities.”  
*Id.* § 404.1520(c). Basic work activities are the “abilities and aptitudes to do most jobs,”  
 such as lifting, carrying, reaching, understanding, carrying out and remembering simple

1 instructions, responding appropriately to co-workers, and dealing with changes in  
2 routine. *Id.* § 404.1521(b). Further, the impairment must either have lasted for “a  
3 continuous period of at least twelve months,” be expected to last for such a period, or be  
4 expected “to result in death.” *Id.* § 404.1509 (incorporated by reference in  
5 20 C.F.R. § 404.1520(a)(4)(ii)). The “step-two inquiry is a *de minimis* screening device to  
6 dispose of groundless claims.” *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir. 1996). If  
7 the claimant does not have a severe impairment, then the claimant is not disabled.

8 3. Having found a severe impairment, the ALJ next determines whether the  
9 impairment “meets or equals” one of the impairments listed in the regulations.  
10 20 C.F.R. § 404.1520(a)(4)(iii). If so, the claimant is found disabled without further  
11 inquiry. If not, before proceeding to the next step, the ALJ will make a finding regarding  
12 the claimant’s “residual functional capacity [“RFC”] based on all the relevant medical  
13 and other evidence in [the] case record.” *Id.* § 404.1520(e). A claimant’s RFC is the most  
14 he can still do despite all his impairments, including those that are not severe, and any  
15 related symptoms. *Id.* § 404.1545(a)(1).

16 4. At step four, the ALJ determines whether, despite the impairments, the claimant  
17 can still perform “past relevant work.” *Id.* § 404.1520(a)(4)(iv). To make this  
18 determination, the ALJ compares his RFC “assessment . . . with the physical and mental  
19 demands of [the claimant’s] past relevant work.” *Id.* § 404.1520(f). If the claimant can  
20 still perform the kind of work he previously did, the claimant is not disabled. Otherwise,  
21 the ALJ proceeds to the final step.

22 5. At the final step, the ALJ determines whether the claimant “can make an  
23 adjustment to other work” that exists in the national economy. *Id.* § 404.1520(a)(4)(v). In  
24 making this determination, the ALJ considers the claimant’s RFC and his “age,  
25 education, and work experience.” *Id.* § 404.1520(g)(1). If the claimant can perform other  
26 work, he is not disabled. If the claimant cannot perform other work, he will be found  
27 disabled.

28 In evaluating the claimant’s disability under this five-step process, the ALJ must

1 consider all evidence in the case record. *See id.* §§ 404.1520(a)(3), 404.1520b. This  
 2 includes medical opinions, records, self-reported symptoms, and third-party reporting.  
 3 *See id.* §§ 404.1527, 404.1529; SSR 06-3P, 71 Fed. Reg. 45593–97 (Aug. 9, 2006).

#### 4 **C. The ALJ’s Evaluation under the Five-Step Process**

5 At step one of the sequential evaluation process, the ALJ found that Plaintiff did  
 6 not engage in substantial gainful activity since his alleged onset date. (Tr. 607). At step  
 7 two, the ALJ concluded that Plaintiff had the following severe impairments:  
 8 “degenerative disc disease of the cervical and lumbar spine, seizure disorder,  
 9 posttraumatic stress disorder (PTSD), depression, and anxiety disorder with panic  
 10 attacks.” (Tr. 607–08). At step three, the ALJ determined that Plaintiff’s mental and  
 11 physical impairments did not meet or equal any of the listed impairments in the Social  
 12 Security regulations. (Tr. 608–11).

13 Before moving on to step four, the ALJ conducted a RFC determination in light of  
 14 Plaintiff’s testimony and the objective medical evidence. (Tr. 611–22). The ALJ found  
 15 that Plaintiff had the RFC, during the period of January 25, 2006 to December 1, 2009,  
 16 to:

17 perform light work as defined in 20 CFR 404.1567(b) and  
 18 416.967(b) except [he] could not climb ladders, ropes, or  
 19 scaffolds. He could occasionally crawl. He could occasionally  
 20 reach overhead, bilaterally. He should avoid all use of  
 21 hazardous machinery, which does not include motor vehicles,  
 22 and all exposure to unprotected heights, open flames, and  
 23 open bodies of water. [He] was limited to work which was  
 simple and routine in task, with requiring only occasional  
 decision making and occasional changes in the work setting.  
 [He] was limited to occasional interaction with public and co-  
 workers, and only occasional and superficial interaction with  
 supervisors.

24 (Tr. 611–12). At step four, the ALJ found that Plaintiff could not perform any past  
 25 relevant work. (Tr. 622). Finally, the ALJ concluded at step five that, based on Plaintiff’s  
 26 RFC, age, education, and work experience, Plaintiff could perform a significant number  
 27 of jobs existing in the national economy. (Tr. 622–23). Consequently, the ALJ found that  
 28 Plaintiff was not disabled under the Social Security Act during the period beginning on

January 25, 2006 and ending on December 1, 2009.” (Tr. 623).

### III. ANALYSIS

Plaintiff makes three arguments for why the Court should reverse the ALJ’s decision. Specifically, Plaintiff asserts that the ALJ committed the following errors: (1) failing to provide a full evaluation as to whether Plaintiff’s cervical spine impairment met or equaled Social Security listed impairments; (2) failing to obtain medical expert testimony during step three; and (3) rejecting Plaintiff’s symptom testimony without clear and convincing reasons for doing so. (Doc. 13). The Court will now address each argument in turn.

#### A. Whether the ALJ Properly Considered Listing 1.04(A)’s Criteria

Plaintiff argues that at step three of the sequential evaluation process, the ALJ erred by failing to find Plaintiff’s cervical spine impairment met or equaled Listing 1.04(A), which covers disorders of the spine. (*Id.* at 21–25).

##### 1. Legal Standard

At step three, the ALJ must assess whether the claimant has an impairment or combination of impairments that meets or equals an impairment listed in the Appendix to the federal regulations. 20 C.F.R. 404, subpart P, Appendix 1. Conditions set forth in the Listing of Impairments (“Listings”) are considered to be so severe that “they are irrebuttably presumed disabling, without any specific finding as to the claimant’s ability to perform his past relevant work or any other jobs.” *Lester*, 81 F.3d at 828. The claimant bears the burden of establishing a prima facie case of disability under the Listings. *See Tackett v. Apfel*, 180 F.3d 1094, 1099 (9th Cir. 1999) (“[Claimant] had to establish that he met or equaled each of the following characteristics of a listing.”). “For a claimant to show that his impairment matches a listing, it must meet *all* of the specified medical criteria.” *Sullivan v. Zebley*, 493 U.S. 521, 530 (1990). “An impairment that manifests only some of those criteria, no matter how severely, does not qualify.” *Id.* (citations omitted).

Listing 1.04 requires a finding of disability for a claimant who: (1) has a



1 “[d]isorder[] of the spine,” such as “herniated nucleus pulposus, spinal arachnoiditis,  
 2 spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis, [or] vertebral  
 3 fracture,” (2) that results in “compromise of a nerve root . . . or the spinal cord,” and  
 4 (3) which is accompanied by the additional requirements set forth under subsections  
 5 1.04(A), 1.04(B), or 1.04(C). 20 C.F.R. 404, subpart P, Appendix 1, § 1.04. Section  
 6 1.04(A), the subsection at issue here, requires:

7 Evidence of nerve root compression characterized by neuro-  
 8 anatomic distribution of pain, limitation of motion of the  
 9 spine, motor loss (atrophy with associated muscle weakness  
 10 or muscle weakness) accompanied by sensory or reflex loss  
 and, if there is involvement of the lower back, positive  
 straight-leg raising test (sitting and supine).

11 *Id.* § 1.04(A). Thus, four elements are required to meet Listing 1.04(A), plus an  
 12 additional element if the lower back is involved: (1) a disorder of the spine as specified;  
 13 (2) evidence of nerve root compromise; (3) limitation of motion of the spine; (4) motor  
 14 loss (atrophy with associated muscle weakness) accompanied by sensory or reflex loss;  
 15 and, in cases of lower back involvement, (5) a positive straight-leg raising test. *Id.* In  
 16 other words, evidence of *both* motor loss—i.e., muscle weakness or atrophy associated  
 17 therewith—*and* sensory or reflex loss, in addition to limitation of motion of the spine, is  
 18 required. Furthermore, each Listing 1.04(A) element must be simultaneously present to  
 19 meet the listing criteria. *See* SSAR 15-1(4), 80 Fed. Reg. 57418, 57420 (Sept. 23, 2015)  
 20 (“Listing 1.04A uses the conjunction ‘and’ when enumerating the medical criteria in  
 21 order to establish that the entire set of criteria must be present at the same time on  
 22 examination.”). Finally, the claimant must establish that the impairment satisfies the 12-  
 23 month durational requirement. *See id.* (“[T]he simultaneous presence of all of the medical  
 24 criteria in paragraph A must continue, or be expected to continue, for a continuous period  
 25 of at least 12 months.” (citing 20 C.F.R. §§ 404.1525(c)(4), 416.925(c)(4))).

## 26 2. Analysis

27 The ALJ summarized the medical records and noted:

28 [T]here are no findings based on diagnostic, clinical, and/or  
 objective evaluations, including reports of laboratory test and



1           diagnostics imaging, consistent with the level of severity that  
2           meets the criteria under the Listings. As well, no examining  
3           or treatment physician or medical provider reported findings  
          since the alleged onset date that meet the criteria under the  
          Listings.

4           (Tr. 608–09). While noting that *some* elements of Listing 1.04(A) might have been met at  
5           times between 2005 and 2009, the ALJ found that “there is no consistent evidence of  
6           limitation of motion of the spine, motor loss . . . accompanied by sensory or reflex loss  
7           and, if there is involvement of the lower back, positive straight-leg raising test (sitting  
8           and supine).” (Tr. 609). To bolster this finding, the ALJ cited to a February 2007 report  
9           by Dr. Keith Cunningham, indicating “normal range of motion throughout, normal gait,  
10          normal coordination, motor and sensory testing normal throughout, ambulation normal,  
11          and negative straight leg raise, bilaterally.” (Tr. 609, 261).

12          Plaintiff contends “[t]here is ample evidence in the record [showing he met] or  
13          equal[ed] all elements of Listing 1.04(A) with regard to [his] cervical spine degenerative  
14          disc disease.” (Doc. 13 at 22). Thus, Plaintiff argues that the ALJ failed to adequately  
15          consider the listing criteria and record. (*Id.*). Plaintiff contends that the record reflects the  
16          Listing 1.04(A) elements, including: (1) neuroanatomic distribution of pain, as diagnosed  
17          by Nurse Practitioner Debra Hiller in June 2008, (Tr. 537); (2) limitation of motion, as  
18          diagnosed by Dr. William Lawrence in May 2007, (Tr. 329–30); (3) motor loss and  
19          sensory or reflex loss in the upper extremities, as recognized by Dr. Lawrence in May  
20          2007, (Tr. 329–30), Nurse Hiller in June 2008, (Tr. 537), and Dr. Samuel Foote in August  
21          2006, (Tr. 349). (Doc. 13 at 22). However, Plaintiff fails to cite to any single physician’s  
22          report—or even *reports* taking place within the same 12-month-period—indicating that  
23          Plaintiff met or equaled all elements of Listing 1.04(A) simultaneously and satisfying  
24          Listing 1.04(A)’s durational requirement.

25          While the ALJ acknowledged the existence of much of the evidence Plaintiff cites  
26          to, the ALJ recognized that “abnormal radicular findings have not been persistent on  
27          exams.” (Tr. 610). Plaintiff also failed to meet his burden of providing evidence  
28          indicating he met all of the Listing 1.04(A) criteria, including the durational and

1 simultaneity requirements. Even to the extent that Plaintiff sought the ALJ to infer the  
 2 simultaneity of the Listing 1.04(A) criteria given the independent evidence, the ALJ  
 3 found that Dr. Cunningham’s report supported the conclusion that Plaintiff did not meet  
 4 the Listing 1.04(A) criteria. *See Molina v. Astrue*, 674 F.3d 1104, 1111 (9th Cir. 2012)  
 5 (“Even when the evidence is susceptible to more than one rational interpretation, we must  
 6 uphold the ALJ’s findings if they are supported by inferences reasonably drawn from the  
 7 record.”). Thus, based on Dr. Cunningham’s report, there was substantial evidence to  
 8 support the ALJ’s conclusion that Plaintiff’s cervical spine condition was not limiting in  
 9 a way that satisfied all of the requirements of Listing 1.04(A).<sup>3</sup>

10 Plaintiff also contends that the ALJ erred by considering whether Plaintiff met the  
 11 criteria for Listings 1.04(B) and 1.04(C), despite Plaintiff only arguing that he met  
 12 Listing 1.04(A). (Doc. 13 at 23). Plaintiff appears to be concerned that the ALJ  
 13 erroneously believed that Plaintiff must meet “all three [Listing 1.04] A, B, and C criteria  
 14 to meet or equal . . . Listing [1.04].” (*Id.*). However, the ALJ clearly considered Listings  
 15 1.04(A), (B), and (C) separately. In reciting Plaintiff’s burden, the ALJ recognized that  
 16 Plaintiff “must prove a disorder of the spine . . . resulting in compromise of a nerve  
 17 root . . . or the spinal cord *with at least one of these additional criteria: A . . . OR*  
 18 *B . . . OR C . . .*” (Tr. 609). The ALJ then clearly indicated the parts of his findings  
 19 where he was considering the criteria under Listing 1.04(A), 1.04(B), or 1.04(C). (*See*  
 20 Tr. 609–611). Plaintiff also claims the ALJ erred simply by considering whether Plaintiff  
 21 met either Listing 1.04(B) or 1.04(C). (*See* Doc. 15 at 6 (“[Plaintiff] does not request a  
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23 <sup>3</sup> Plaintiff also argues that the ALJ erred because his finding was inconsistent with  
 24 this Court’s earlier Order, which stated there was “evidence in the record that showed  
 25 that Plaintiff had spinal cord impingement and moderately severe neural foraminal  
 26 encroachment; cervical radiculopathy; limited rotation of the cervical spine; weakness of  
 27 the left bicep, reduced grip strength, absent left biceps reflex, and decreased left biceps  
 28 weakness.” (Doc. 13 at 22–23) (quoting *Doran*, 2011 WL 4032320, at \*12). However,  
 Plaintiff’s argument is misguided. This Court never made a determination that Plaintiff  
 met or equaled the criteria in Listing 1.04(A). While the Court recognizes that evidence  
 of certain Listing 1.04(A) criteria is present in the record, Plaintiff was required to show  
 the criteria were met simultaneously and within the durational requirement. It is the  
 ALJ’s—not this Court’s—prerogative to make the ultimate factual determination. *See*  
*Molina*, 674 F.3d at 1111.

1 survey of all listed criteria, only an adequate review of the particular listing relevant to  
2 his case, section 1.04(A).”). However, the Court fails to recognize how the ALJ’s robust  
3 review of the record and Listing 1.04 criteria amounted to any error.

4 Given the above medical findings in the record, there was substantial evidence  
5 upon which the ALJ could draw his conclusion that Plaintiff’s impairments did not meet  
6 or equal the requirements of Listing 1.04(A). Accordingly, the ALJ did not err in finding  
7 that Plaintiff did not meet Listing 1.04(A) at step three.

#### 8 **B. Whether the ALJ Required a Medical Expert’s Testimony**

9 Plaintiff next contends that the ALJ erred at step three by failing to obtain the  
10 testimony of a medical expert regarding whether Plaintiff’s cervical spine impairment  
11 met or equaled the criteria of Listing 1.04(A). (Doc. 13 at 24–25). Plaintiff claims that  
12 Social Security Ruling 83-20 required the ALJ to seek testimony from a medical expert  
13 because the ALJ lacked an informed judgment on Plaintiff’s disability onset date. (*Id.*).  
14 Thus, Plaintiff argues, the ALJ erred by denying Plaintiff’s request for the ALJ to call a  
15 medical expert to testify. (*Id.*).

##### 16 **1. Legal Standard**

17 Social Security Ruling 83-20 provides guidance regarding the onset date of  
18 disability. In *DeLorme v. Sullivan*, the Ninth Circuit Court of Appeals (the “Ninth  
19 Circuit”) recognized that “[i]n the event that the medical evidence is not definite  
20 concerning the onset date and medical inferences need to be made, [Social Security  
21 Ruling] 83-20 requires the [ALJ] to call upon the services of a medical advisor and to  
22 obtain all evidence which is available to make the determination.” 924 F.2d 841, 848  
23 (9th Cir. 1991). Thus, an ALJ commits legal error by failing to call upon a medical expert  
24 to assist in determining the onset date of disability when that date is not otherwise  
25 established in the record. The purpose of this requirement is to assist the ALJ in  
26 determining the onset date of disability when a claimant suffers from a disabling  
27 impairment for an extended period of time before going to a doctor. *See* SSR 83-20,  
28 at \*6–10 (Cum. Ed. 1983).

## 2. Analysis

Here, Plaintiff's alleged onset date of disability of January 25, 2006 does not pre-date medical examination reports that are part of the record. (*See, e.g.*, Tr. 496–518 (medical examination reports from December 2003 to January 2006)). Thus, a medical expert was unnecessary because the ALJ could determine the onset date based on the clear medical evidence in the record. *Andrews*, 53 F.3d at 1039 (“The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and for resolving ambiguities.”). Because the dispute is not over how long Plaintiff suffered from the cervical spine impairment before being diagnosed but, rather, at what point after being diagnosed his impairment worsened to such a degree that it became disabling, the ALJ did not err by failing to call a medical expert.

### C. Whether the ALJ Properly Discredited Plaintiff's Symptom Testimony

Plaintiff finally argues that the ALJ erred when he determined that Plaintiff's testimony regarding the intensity, persistence, and limiting effects of his impairments was “not fully credible.” (Tr. 613).

#### 1. Legal Standard

The ALJ is responsible for determining credibility, resolving conflicts in medical testimony, and resolving ambiguities. *Reddick*, 157 F.3d at 722. If credibility is critical, the ALJ must make an explicit credibility finding. *Greger v. Barnhart*, 464 F.3d 968, 972 (9th Cir. 2006).

In assessing the credibility of a claimant's testimony regarding subjective pain or the intensity of his symptoms, the ALJ must engage in a two-step analysis. *Molina*, 674 F.3d at 1112. First, as a threshold matter, “the ALJ must determine whether the claimant has presented objective medical evidence of an underlying impairment ‘which could reasonably be expected to produce the pain or other symptoms alleged.’” *Lingenfelter v. Astrue*, 504 F.3d 1028, 1036 (9th Cir. 2007) (quoting *Bunnell v. Sullivan*, 947 F.2d 341, 344 (9th Cir. 1991)). Second, if the claimant meets the first test, then “the ALJ ‘may not discredit a claimant's testimony of pain and deny disability benefits solely

1 because the degree of pain alleged by the claimant is not supported by objective medical  
2 evidence.” *Orteza v. Shalala*, 50 F.3d 748, 750 (9th Cir. 1995) (quoting *Bunnell*,  
3 947 F.2d at 346–47). Rather, “unless an ALJ makes a finding of malingering based on  
4 affirmative evidence thereof,” the ALJ may only find the claimant not credible by making  
5 specific findings supported by the record that provide clear and convincing reasons to  
6 explain his credibility evaluation. *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 883  
7 (9th Cir. 2006) (citing *Smolen*, 80 F.3d at 1283–84); *Lingenfelter*, 504 F.3d at 1036.

8 In rendering a credibility determination, the ALJ may consider several factors,  
9 including: “(1) ordinary techniques of credibility evaluation, such as the claimant’s  
10 reputation for lying, prior inconsistent statements concerning the symptoms, and other  
11 testimony by the claimant that appears less than candid; (2) unexplained or inadequately  
12 explained failure to seek treatment or to follow a prescribed course of treatment; and  
13 (3) the claimant’s daily activities.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039  
14 (9th Cir. 2008) (quoting *Smolen*, 80 F.3d at 1284). If the ALJ relies on these factors and  
15 his reliance is supported by substantial evidence, the Court “may not engage in second-  
16 guessing.” *Id.* (quoting *Thomas v. Barnhart*, 278 F.3d 947, 958 (9th Cir. 2002)).

## 17 **2. Analysis**

18 In this case, the ALJ found that Plaintiff’s “medically determinable impairments  
19 could reasonably be expected to cause the alleged symptoms; however, [Plaintiff’s]  
20 statements concerning the intensity, persistence and limiting effects of these symptoms  
21 [were] not entirely credible.” (Tr. 613). The ALJ discredited Plaintiff’s subjective  
22 testimony because: (1) Plaintiff’s overall treatment history—including the effectiveness  
23 of Plaintiff’s prescribed medication and his cooperation with physicians—was  
24 inconsistent with his testimony; (2) the objective medical evidence did not support  
25 Plaintiff’s testimony; and (3) Plaintiff’s daily activities undermined the alleged severity  
26 of his complaints. (Tr. 611–18). The ALJ also specified the portions of Plaintiff’s  
27 testimony he found lacking in credibility, including Plaintiff’s testimony regarding his  
28 pain, panic attacks, mental symptoms, and physical symptoms. (Tr. 612–13).

**a. Overall Treatment History**

The ALJ initially discredited Plaintiff's complaints of disabling symptoms due to inconsistencies between Plaintiff's testimony and Plaintiff's statements and conduct recorded during his overall treatment history. The ALJ partially supported his adverse credibility determination by finding that Plaintiff "was not putting forth maximal effort or was not fully cooperating" during his testing and treatment. (*Id.* at 615); *see Thomas*, 278 F.3d at 959 (recognizing that a claimant's failure to cooperate with medical tests or give consistent effort during evaluations lends support to an adverse credibility finding); *see also Tonapetyan v. Halter*, 242 F.3d 1144, 1148 (9th Cir. 2001).

For example, the ALJ cited to Dr. Charles House's psychological evaluation notes indicating a suspicion that Plaintiff might have exaggerated or fabricated information regarding his alleged seizures. (Tr. 615, 285). However, Dr. House's suspicion was weak as he postulated that his unfamiliarity with Plaintiff's condition could also be due to a specific type of "seizure disorder" or Plaintiff's "problems with anger." (Tr. 285). The other evidence of noncooperation the ALJ cited to was a note by a pharmacist, in which she suspected Plaintiff was "not in compliance with formulary guidelines/criteria" and cancelled Plaintiff's prescription. (Tr. 615, 374–75). Although this pharmacist reviewed pertinent parts of Plaintiff's medical record in making her observation, treating doctors appeared to override this cancellation by prescribing antipsychotic medication a year later. (*See* Tr. 1125–29). Additionally, while Defendant cites to additional evidence in the record of physicians questioning the accuracy of Plaintiff's statements during exams, (*See* Doc. 14 at 19; Tr. 1146–48), the ALJ never cited to these instances, *see Treichler v. Comm'r of Soc. Sec. Admin.*, 775 F.3d 1090, 1102–03 (9th Cir. 2014) (stating that it is the "ALJ's responsibility to provide a discussion of the evidence" upon which he relied (quotations omitted)). Yet, even if the ALJ did err in basing his credibility determination on whether Plaintiff fully cooperated with treating physicians, it is harmless error as the ALJ provided other clear and convincing reasons for discrediting Plaintiff's testimony, as discussed below. *Carmickle v. Comm'r, Soc. Sec. Admin.*, 533 F.3d 1155, 1162



1 (9th Cir. 2008) (recognizing harmless error where “two of the ALJ’s [four] reasons  
2 supporting his adverse credibility finding [were] invalid”).

3 The ALJ also recognized that “the record shows the medications were effective in  
4 improving and/or managing the claimant’s physical and mental symptoms.” *See Warre v.*  
5 *Comm’r of the Soc. Sec. Admin.*, 439 F.3d 1001, 1006 (9th Cir. 2006) (“Impairments that  
6 can be controlled effectively with medication are not disabling for purposes of  
7 determining eligibility for SSI benefits.”). For example, Plaintiff indicated to physicians  
8 that he was able to either manage or improve the conditions of both his mental and  
9 physical impairments due to medication. (Tr. at 614). Although Plaintiff argues that the  
10 ALJ cited to ambiguous statements by Plaintiff, such as “doing well,” the ALJ also cited  
11 to more objective indications of the medication’s effectiveness, such as Plaintiff rating  
12 his pain level at “0” in July 2009. (*Id.*). Thus, the effectiveness of Plaintiff’s prescribed  
13 medications is a clear and convincing reason to discount Plaintiff’s testimony.

14 The ALJ next recognized that Plaintiff “missed many scheduled appointments and  
15 had significant gaps in treatment dates.” (Tr. at 614); *see Fair v. Bowen*,  
16 885 F.2d 597, 603 (9th Cir. 1989) (“[U]nexplained, or inadequately explained, failure to  
17 seek treatment . . . can cast doubt on the sincerity of [a] claimant’s pain testimony.”). For  
18 example, Plaintiff missed numerous scheduled appointments with various doctors and  
19 proffered excuses when a triage nurse suggested treatment. (Tr. 614). Plaintiff argues that  
20 the ALJ was obligated to confront and seek an explanation from Plaintiff regarding his  
21 behavior. In support, Plaintiff cites *Singh v. Gonzales*, an appeal of an immigration  
22 judge’s denial of asylum. 403 F.3d 1081 (9th Cir. 2005). Even if this case stands for the  
23 proposition Plaintiff claims, Plaintiff cites to no authority indicating this case would  
24 apply in the Social Security context. To the contrary, where substantial evidence supports  
25 an ALJ’s credibility determination, the Ninth Circuit has refused a claimant the chance to  
26 explain her inconsistent statements or conduct which led to an adverse credibility  
27 determination. *See Tonapetyan*, 242 F.3d at 1148. Thus, Plaintiff’s missed appointments  
28 are a clear and convincing reason to discount Plaintiff’s testimony about the severity of



1 his symptoms.

2 **b. Objective Medical Evidence**

3 The ALJ also found that medical evidence of record contradicted Plaintiff's  
4 testimony. (Tr. 614–18). Plaintiff testified that his physical symptoms included such  
5 severe neck and arm pain that holding a cup was difficult, and his pain forced him to  
6 spend each day lying down for four-to-five hours off and on. (Tr. 612–13, 649–50, 652).  
7 With regard to his mental symptoms, Plaintiff testified that he suffered from auditory  
8 hallucinations, poor memory, and an inability to be friendly. (Tr. 612, 646–48).

9 Objective medical evidence is a relevant consideration regarding a claimant's  
10 credibility. *See, e.g., Burch v. Barnhart*, 400 F.3d 676, 681 (9th Cir. 2005) (“Although  
11 lack of medical evidence cannot form the sole basis for discounting pain testimony, it is a  
12 factor that the [ALJ] can consider in his credibility analysis.”); *Carmickle*,  
13 533 F.3d at 1161 (“Contradiction with the medical record is a sufficient basis for  
14 rejecting the claimant's subjective testimony.”). Because an ALJ cannot simply state that  
15 a claimant's testimony is contradicted by the record, *Holohan v. Massanari*,  
16 246 F.3d 1195, 1208 (9th Cir. 2001) (“[G]eneral findings are an insufficient basis to  
17 support an adverse credibility determination.”), the ALJ must specifically identify which  
18 “testimony is not credible and what evidence suggests the complaints are not credible,”  
19 *Dodrill v. Shalala*, 12 F.3d 915, 918 (9th Cir. 1993); *see also Greger*, 464 F.3d at 972.

20 Here, the ALJ found that both Plaintiff's physical and mental symptom testimony  
21 was contradicted by objective evidence in the medical record. The ALJ concluded that  
22 Plaintiff's testimony as to the severity of Plaintiff's neck and arm pain was contradicted  
23 by an August 2006 examination report indicating “no focal motor weakness” and intact  
24 motor strength in all four extremities. (Tr. 615). Plaintiff's physical symptom testimony  
25 was further undermined by Dr. Cunningham's February 2007 examination report,  
26 indicating Plaintiff showed “no muscle spasm or point tenderness” in his neck or back.  
27 (Tr. 617). These medical findings, among others cited by the ALJ, contradict Plaintiff's  
28 allegations that his physical symptoms were completely debilitating. The ALJ also

1 concluded that mental health assessments undermined Plaintiff's testimony regarding his  
2 debilitating mental health symptoms. (*Id.*). While the ALJ recognized some mental health  
3 symptoms, the record indicated that Plaintiff had "denied all auditory or visual  
4 hallucination or delusions" and was "fully oriented" during an August 2007 exam.  
5 (Tr. 617, 1136–42). Subsequent medical examination reports also contradicted Plaintiff's  
6 mental health symptom testimony. (Tr. 617–18 (recognizing that an October 2009 mental  
7 status exam "indicated the claimant with good mood, pleasant, cooperative, alert and  
8 oriented, no delusions, no hallucinations, good insight and judgment, cognition grossly  
9 intact, and no suicidal/homicidal ideations"), 1109–10).

10 Plaintiff argues that the ALJ erred by failing to provide clear findings and, thus,  
11 accuses the ALJ of "stepp[ing] out of his role as an administrative adjudicator" and into  
12 the role of "a medical professional." (*See* Doc. 13 at 14–16). This is not the case. Here,  
13 while the ALJ did not restate Plaintiff's symptom testimony before discussing  
14 contradictions within the record, it was clear which testimony the ALJ was finding not  
15 credible. *See Molina*, 674 F.3d at 1121 ("Even when an agency explains its decision with  
16 less than ideal clarity, we must uphold it if the agency's path may reasonably be  
17 discerned." (quotations omitted)). Thus, the inconsistencies between Plaintiff's testimony  
18 and the objective medical record are a clear and convincing reason to discount Plaintiff's  
19 testimony.

### 20 c. Daily Activities

21 The ALJ finally found that Plaintiff's activities of daily living contradicted the  
22 level of impairment he claimed. (Tr. 613–14). The ALJ noted Plaintiff's daily activities,  
23 as he reported, include preparing simple meals, completing household chores, caring for  
24 his pets, shopping for groceries, and maintaining his personal finances. (Tr. 613).  
25 Additionally, Plaintiff occasionally uses public transportation or takes a taxi. (*Id.*).  
26 Plaintiff also makes his own jewelry, watches television, and listens to the radio. (*Id.*).

27 "While a claimant need not vegetate in a dark room in order to be eligible for  
28 benefits, the ALJ may discredit a claimant's testimony when the claimant reports

1 participation in everyday activities indicating capacities that are transferable to a work  
2 setting.” *Molina*, 674 F.3d at 1112–13 (citations and quotations omitted). Here, even  
3 though Plaintiff stated that he had difficulty functioning, the ALJ properly discounted the  
4 credibility of Plaintiff’s subjective symptom testimony to the extent Plaintiff’s daily  
5 activities were inconsistent with an inability to work in any capacity. *See, e.g., id.* at 1113  
6 (“[An] ALJ may discredit a claimant’s testimony when the claimant reports participation  
7 in everyday activities indicating capacities that are transferable to a work setting[,] [e]ven  
8 where those activities suggest some difficulty functioning . . . .” (citations omitted));  
9 *Curry v. Sullivan*, 925 F.2d 1127, 1130 (9th Cir. 1990) (finding that the claimant’s ability  
10 to “take care of her personal needs, prepare easy meals, do light housework and shop for  
11 some groceries . . . may be seen as inconsistent with the presence of a condition which  
12 would preclude all work activity” (citations omitted)). By way of example, Plaintiff  
13 testified that he had disabling difficulties with memory and concentration. (*See* Tr. 612,  
14 646–48). Yet, the ALJ recognized that Plaintiff was able to pay bills, count change,  
15 handle a savings account, and use a checkbook and money orders. (Tr. 613, 177). To the  
16 extent that Plaintiff argues that other activities, such as “lying down [for] 4–5 hours off  
17 and on,” (Tr. 613), occupied a more substantial part of Plaintiff’s day than the ALJ  
18 concluded, the Court declines to second-guess the ALJ’s reasonable determination to the  
19 contrary, even if the evidence could give rise to inferences more favorable to Plaintiff.  
20 *See Rollins*, 261 F.3d at 857. Thus, Plaintiff’s daily activities are a clear and convincing  
21 reason to discount Plaintiff’s symptom testimony.

22 In sum, the ALJ provided several clear and convincing reasons supported by  
23 substantial evidence for finding Plaintiff’s physical and mental symptom testimony less  
24 than fully credible. As such, the ALJ did not err in discounting Plaintiff’s credibility.

